transferee. Under the bill, before a person may take over the operation (as defined in the hill) of an MA provider, the person must obtain MA certification with respect to the provider's operation, regardless of whether the person is currently certified. Also, before a person may take over the operation of an MA provider that is liable for repayment of improper or erroncous MA payments or overpayments, full repayment must be made. DHFS must, upon request, notify the person or provider as to whether the provider is liable. If, notwithstanding the prohibition, the person takes over the provider's operation, and the outstanding repayment is not made, DHFS may withhold certification from the person and may proceed against the provider or person. If within 30 days after DHFS provides notice to the certified provider, the repayment is not paid in full DHFS may bring an action to compel payment, to decertify a provider, or to do both.

*** ANALYSIS FROM -1926/3 ***

Under current law, DHFS receives federal funding to conduct a breast and cervical cancer early detection program. This program provides individuals with breast and cervical cancer screening, referrals, education, and outreach.

This bill expands the MA progress to provide MA to women who are under the age of 65, who require treatment for breast or cervical cancer, who have been screened for breast or cervical cancer under the breast and cervical cancer early detection program, and who are not otherwise eligible for the MA program or for other health care coverage.

*** ANALYSIS FROM -0427/1 ***

Currently, the long-term support community options program (COP) provides functionality assessments of and home and community-based care to, among others, elderly and disabled persons as an alternative to institutionalized care; one part of COP (often referred to as COP-Regular) is funded by state general purpose revenues and the other part (often referred to as COP-Waiver) is funded jointly by federal medicaid and state MA moneys under a waiver of federal medicaid laws. Also under MA under a waiver of federal medicaid laws, a community integration program (often referred to as CIP II) provides home and community-based services and continuity of care for persons relocated from institutions, other than the state centers for the developmentally disabled, and for persons who meet requirements for MA reimbursement in nursing homes.

Currently, funds under COP-Regular may not be used to provide services in a community-based residential facility (C-BRF) that has more than eight beds unless

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DHFS approves the provision in a C-BRF that has up to 20 beds and that meets specific criteria or in a C-BRF of any size that meets certain criteria. Funds under COP-Waiver and CIP II may not be used to provide services in a C-BRF that has more than four beds unless DHFS approves provision of services in a C-BRF that has five to eight beds or that meets certain criteria.

This bill changes restrictions on the use of COP-Waiver and CIP II funds for providing services in a C-BRF to permit use of the funds if approved by DHFS, in a C-BRF that has to 20 beds: If DHFS spruves

MA program. These programs provide home and community-based services to individuals who are relocated from institutions, such as state centers for the developmentally disabled and nursing homes, or who meet the criteria for reimbursement under MA for nursing home care. DHFS also administers the family support program, which provides assistance, including home and community-based services, to families with a disabled child, and a program that provides early intervention services to certain eligible children. These two programs are not part of MA MA MA AMA AMA and are funded with general purpose revenues GPR.

This bill requires DHFS to request a waiver of federal medical assistance laws from the federal department of health and human services to provide to disabled individuals who are under 24 years of age, under one program, with unified administration and service delivery, the services offered under COP-Waiver, CIPs, the family support program, and the early intervention program. If DHFS receives the waiver, DHFS is required to seek enactment of statutory language to implement the waiver within the limits of available federal, state, and county funds.

Under current law individual who meet the requirements under one of the following work categories are eligible for MA:

- 1. AFDC-MA. This category includes individuals who meet the income, asset, and non-financial requirements for the federal aid to families with dependent children (AFDC) program that were in effect on July 16, 1996. Generally, individuals who meet the AFDC requirements are certain children under 19 years of age, their carctaker relatives, and pregnant women in the eighth or ninth month of pregnancy.
- 2. AFDC-related MA. This category includes individuals who meet the income and asset requirements of the AFDC program that were in effect on July 16, 1996,

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but who would not have received an AFDC payment and who are either children under 19 years of age, their caretaker relatives, or pregnant. Also eligible under this category are children under the age of 18 and pregnant women whose incomes do not exceed 133.33% of the maximum payment under the AFDC program, and whose assets do not exceed certain asset limits.

This bill eliminates the asset requirements for the AFDC-MA and AFDC-related MA categories. To that an individual who meets the other requirements unless one of those categories is *** ANALYSIS FROM -0608/2 ***

whether certain individuals meet the specific asset limits to qualify for the MA wyogram. One of the assets that may be excluded is up to \$2,500 in an irrevocable burial trust.

This bill increases the finite an irrovocable burial trust to \$3,300 on January

1,2003.

Currently, DHFS is required to recover from the estate of a medical assistance ANA recipient who is not survived by a spouse or a child who is under 21 or disabled the following:

- 1. The amount of MA paid on behalf of the recipient while the recipient resided in a hospital and was required to contribute to the cost of care or resided in a nursing home.
- 2. The amount of MA paid on behalf of a recipient after the recipient reached age 55 for home—based or community—based services, community—supported living, personal care services, and hospital and prescription drug services as defined by

This bill expands the types of services that are subject to the estate recovery program to include all health care services for which MA was paid on behalf of the recipient after the recipient reached age 55. The bill requires that, if these health care services were provided by a managed care organization, under a program of all-inclusive care for the elderly (PACE program) that provides health and social services to low-income elderly individuals at home, or under the Wisconsin partnership program which provides health care and long-term care services to low-income elderly and disabled individuals, DHFS must calculate the amount of MA as the capitation rate that was paid on behalf of the recipient. If the health care services were provided under family care DHFS must calculate the amount of MA as the cost of the section health care services that were paid for with MA. For all other

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services provided, DHFS is required to calculate the amount of MA on a fee-for-service basis.

-MAY ANALYSIS FROM -0316/3 ***

Under current law, to recover the amount of MA paid on behalf of MA recipients, DHFS is attherized to place a lien on the home of a recipient lifthe recipient resides in a nursing home or in a hospital and is required to contribute to the cost of care, if the recipient is not reasonably expected to return home, and if one of following individuals does not reside in the home:

- 1. The spouse of the recipient.
- 2. A child of the recipient, who is under 21 years of age or disabled.
- 3. A sibling of the recipient, who has an ownership interest in the home and has lived in the home continuously for at least 12 months before the recipient was admitted to the nursing home or hospital.

Current law prohibits DHFS from enforcing the lien while the recipient is living unless the recipient sells the home and the recipient's spouse or the recipient's child who is under 21 or disabled is no longer living. DHFS may enforce the lien upon the death of the recipient if the following individuals do not survive the recipient:

- 1. The spouse of the recipient.
- 2. A child of the recipient, who is under 21 years of age or disabled.
- 3. A child of the recipient, who is of any age, who currently resides in the home, who has resided in the home for at least 24 months before the recipient was admitted to the nursing home or hospital, and who provided care to the recipient that delayed the recipient's admission into a nursing home or hospital.
- 4. A sibling of the recipient who currently resides in the home and who has resided in the home at least 12 months before the recipient was admitted to the nursing home or hospital.
- This bill authorizes DHFS to place a lien on any other real property in which an MA recipient whose home DHFS may currently obtain a lien for has an interest DHFS may place the lien on the real property regardless of who resides in the real property, but DHFS may not enforce the lien while the recipient's spouse, or child who is under 21 years of age or disabled, survives the recipient.

*** ANALYSIS FROM -2016/1 ***

Under current law, medicare part A and part B beneficiaries who are MA recipients with incomes at or below 100% of the federal poverty line or are elderly or disabled persons with low incomes and resources receive payment for medicare

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deductible and insurance amounts, monthly medicare premiums, and, if applicable, late enrollment penalties for medicare part A premiums. (Medicare part A provides inpatient hospital coverage for persons who are aged 65 or disabled, and medicare part B provides coverage for outpatient services for those persons.) MA recipients whose incomes are above 100% of the federal poverty line receive MA payment of medicare deductible and coinsurance amounts; if they are beneficiaries of only medicare part A or part B, they receive MA payment of the applicable medicare part A or part B deductible and coinsurance amounts. However, for all of these MA recipients, MA payment for the coinsurance for a service under medicare part B may not exceed the allowable charge for the service under MA minus the medicare payment amount.

This bill permits MA payment to be made, on behalf of MA recipients and elderly or disabled persons with low incomes and resources for their coinsurance for medicare part B outpatient hospital services that exceed the MA allowable charge for the services. The bill requires that DHFS include in the state plan for MA a methodology for payment of the medicare part B outpatient hospital services coinsurance amounts.

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*** ANALYSIS FROM -0436/1 ***

Currently, payment amounts to nursing homes for care provided to MA recipients are determined under a payment system that considers specific allowable costs, under standards prescribed by DHFS. DHFS must adjust the standards for payment of allowable direct care costs for among other things, regional labor costs variations.

This bill eliminates the requirement that DITFS adjust for regional labor cost variations, standards for payment of allowable direct care costs under the MA nursing home payment system.

*** ANALYSIS FROM -1897/1 ***

Under current law, beginning July 1, 2000, DHFS must distribute, under a specified formula, state general purpose revenues and federal medicaid moneys as a supplemental payment to a hospital for which MA revenues were at least 8% of the hospital's total revenues in the most recent year before the year of distribution.

This bill eliminates the requirement that DHFS distribute supplemental MA payments to hospitals that have had recent MA revenues of at least 8%

*** ANALYSIS FROM -1686/4 ***

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HEALTH

Under current law, DHFS licenses, certifies, approves, or registers and otherwise regulates numerous health care services providers, including hospitals, nursing homes, C-BRFs, adult family homes, residential care apartment complexes, rural medical centers, home health agencies, and hospices. Currently, the sanctions that DHFS may bring against those facilities or services that violate applicable standards of care or provisions of licensure, certification, approval, or registration was a standard of care or provisions of licensure, certification, approval, or registration was a standard orders, required submittal of a plan of correction, assessment of forfeitures, suspension of admissions, imposition of conditional licensure and suspension or revocation of licensure. Facilities or services on which sanctions or penalties are imposed may appeal the sanctions in hearings that are delegated by DHEStebe conducted by the subunit of DOA that deals with hearings and appeals. Decisions that result from these hearings are subject to judicial review.

This bill makes uniform with specified exceptions, the penalties and sanctions that DHFS may impose undercurrent law on hospitals, nursing homes, C-BRFs, licensed adult family homes, residential care apartment complexes, rural medical centers, home health agencies, and hospices that violate conditions of licensure, certification, approval, or registration or applicable standards of care. The bill specifies procedures for requesting a hearing to contest imposition of a sanction. The bill eliminates DHFS authority to suspend licensum, certification, approval, or registration. Under the bill, if DHFS provides a C-BRF, hospital, or home health agency with written notice of the grounds for a sanction, an explanation of the types of sanctions that DHFS may impose, and an explanation of the appeal process, DHFS may order that the C-BRF, hospital, or home health agency do any of the following: 1) if operating without licensum or approval, cease operation; 2) terminate the employment of any person who operated or permitted operation of a C-BRF, hospital, or home health agency for which licensum or approval was revoked; 3) stop violating a provision of licensure or approval; 4) for a C-BRF only, submit a plan of correction for violation of a provision of licensure or approval; 5) for a C-BRF only, implement and comply with a plan of correction that is approved or developed by DHFS; 6) for a nursing home, C-BRF, or hospital only, suspend new admissions until all violations are corrected; or 7) provide training in one or more specific areas for staff members. In addition, if DHFS provides the same type of written notice, DHFS may impose any of the following:

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1. Except for nursing homes, a daily administrative forfeiture of not less than \$10 nor more than \$2,000 for each violation, with each day of violation being a separate offense; the amount of the forfeiture and payment deadlines are specified by DHFS by rule pased in the size of the facility or service and the seriousness of the violation and may be increased in there is continued failure to comply with a pother seriousness of the pased in there is continued failure to comply with a pother seriousness.

2. Under specified circumstances, for all facilities or services, revocation of licensure, certification, approval, or registration.

Under current law nursing homes, C-BRFs, and hospices must demonstrate that they are "fit and qualified" in order to be licensed. This bill requires that licensed nursing homes, C-BRFs, and hospices, if they are in substantial noncompliance, as defined by DHFS by rule, with respect to applicable state or federal requirements, demonstrate that they are fit and qualified to operate. DHFS rouse by the specific procedures regarding these findings.

Under current law, DHFS may issue a conditional license for up to one year to a nursing home and may revoke any outstanding license of the nursing home in DHFS finds that the pursing home has violated standards of care to all the teat condition or occurrence that presents a substantial probability that death or serious mental or physical harm to a resident will result or that directly threatens the health safety, or welfare of a resident. Before issuing the conditional license, DHFS must establish a written plan of correction, provide written notice to the nursing home, and, at the nursing home's request, hold a case conference, after which a hearing may be held. DHFS must periodically inspect a nursing home operating under a conditional license and may revoke the conditional license if the nursing home substantially fails to follow the plan of correction. This bill authorizes DHFS to issue a conditional license, certification, approval, or registration that is similar to a conditional approval of a nursing home, to any facility or service that violates standards of care or provisions of licensure.

Under current law, DHFS may issue provisional licenses for home health agencies, rural medical centers, and hospices that have not previously been licensed, that are not in operation at the time the application for licensure is made, or that are temporarily unable to comply with standards of care. If It's in the inspect a flospice within 300 days before termination of the provisional license and either issue or deny. A regular license, DHFS also may issue probationary licenses for nursing homes and C-BRFs that have not previously been licensed and are not operating at the time the

license application is made. This bill eliminates provisions relating to provisional licenses for rural medical centers, and, for home health agencies and hospices, changes the term "provisional" to "probationary." In addition, the bill decreases from 24 months to 12 months the period of validity of a hospice probationary license.

*** ANALYSIS FROM -0420/4 ***

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Currently, DHFS distributes general purpose revenues to provide aumerous services for persons with or at risk of contracting acquired immunodeficiency syndrome (AIDS), including partner referral and notification services; grants to provide AIDS prevention information, counseling support groups, and direct care; seroprevalence studies for the virus that causes AIDS; and life care and early intervention services.

With respect to providing funds for various services on behalf of persons with or at risk of centracting AIDS, this bill changes to human immunodeficiency virus (HIV) the references to AIDS and requires that DHFS provide funds for testing for and prevention of related infections, including hepatitis C virus infection, on behalf of the persons who receive provides.

*** ANALYSIS FROM -0191/1 ***

Under current law, the governor is authorized to enter into an agreement with the federal Nuclear Regulatory Commission to discontinue certain federal licensing and related regulatory authority with respect to by-product material (certain radioactive material and the tailings or waste from ores processed for uranium or thorium), source material (any material except special nuclear material that contains a specified percentage of uranium or thorium), and special nuclear material (uranium enriched in specified isotopes and plutonium). Rules that DHFS, as the state radiation control agency, must promulgate for by-product, source, and special nuclear material may be no less stringent than are federal requirements.

This bill modifies the definition of "source material" to be uranium, thorium or any combination of the two in any physical or chemical form or ores that contain, by weight, 0.05% of uranium, thorium, or a combination of the two. The bill modifies the standard under which DHFS must promulgate rules regulating by product, source, and special nuclear material to require that the DHFS rules be compatible with federal requirements; however, the rules must be in accordance with specific federal requirements relating to by product material. The bill also authorizes DHFS to develop qualification, certification, training, and experience requirements and to recognize certification by another state or a nationally recognized

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organization that is substantially equivalent to the DHFS certification, for persons who operate radiation generating equipment; who utilize, store, transfer, transport, or possess radioactive materials; or who act as radiation safety consultants.

Under current law, the tobacco control fund consists of a portion of the moneys that the state receives as part of the Attorneys General Master Tobacco Settlement of November 23, 1998 (settlement) with the tobacco industry. The settlement requires tobacco companies to make payments to the states in perpetuity. A portion of the settlement moneys in the tobacco control fund are appropriated to the tobacco control board for distribution to specific smoking cessation and prevention programs and for grants for smoking cessation education, research, and enforcement programs. Currently, the tobacco control board is required to distribute not less than \$1,000,000 in each fiscal year to the Thomas T. Melvin youth tobacco prevention and education program. Under this program, DHFS awards grants for programs to reduce the use of cigarettes and tobacco products by minors.

This bill requires that the first \$12,006,400 of the settlement moneys received in fiscal year 2001–02 and the first \$21,169,200 of the settlement moneys received in fiscal year 2002–03 be deposited in the tobacco control fund. The bill also increases the amount that the tobacco control board is required to distribute to the Thomas T. Melvin youth tobacco prevention and education program to \$1,500,000 in fiscal year 2001–02 and \$2,000,000 in each fiscal year thereafter.

*** ANALYSIS FROM -0294/1 ***

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Currently, DHFS administers a breast cancer screening program that provides grants to hospitals and other organizations to provide breast cancer screening services to women who are 40 years of age or older. As part of this program, DHFS must about and expend \$20,000 annually to develop and provide media announcements and educational materials concerning the need for and availability of breast cancer screening services to women in areas served by the program.

DHFS also currently administers a low-income women health screening program that awards grants to applicants to provide health care screening, referral, follow-up, and patient education services to low-income, underinsured, and uninsured women.

This bill eliminates the requirement that DHFS allocate and expend at least \$20,000 in each fiscal year for developing and providing media announcements and educational materials under the breast cancer screening program. The bill requires DHFS to allocate \$20,000 for developing and providing media services and

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educational materials to promote both health care services available under the low-income women health screening program and to promote breast cancer screening services available under the breast cancer screening program.

*** ANALYSIS FROM -0299/2 ***

Current law requires DHFS to expend under the federal preventive health services project grant program \$25,000 in each fiscal year for a state medical director for the state emergency medical services (EMS) program.

This bill authorizes, rather than requires, DHFS to expend \$25,000 under the federal preventive health services project grant-program in each fiscal year to hire a state medical director for EMS. Letiminate this requirements

*** ANALYSIS FROM -1194/1 ***

Under current law, certain entities that may provide services that are similar to those provided by a home health agency (such as care management organizations, which operate under the family care program for the provision of long-term care) are exempted from the home health agency requirements.

This bill expands the exemptions from home health agency licensure and regulatory requirements to include an entity with which a care management organization contracts to provide services under the family care program.

*** ANALYSIS FROM -1474/2 ***

Under current law, before January 1, 2001, the council on health care fraud and abuse, which is attached to DOA, must meet twice annually to, among other things, study and develop strategies to combat health care fraud and abuse by health care consumers and providers and by insurers.

This bill eliminates the council on health care fraud and abuse

*** ANALYSIS FROM -1302/8 ***

*** ANALYSIS FROM -1843/1 ***

WISCONSIN WORKS

Under current law, DWD administers the Wisconsin works (W-2) child care subsidy program. Under this program, an individual who meets certain nonfinancial and financial eligibility requirements and who is the parent, foster parent, guardian, or kinship care relative of a child who is under the age of 13 or, if the child is disabled, under the age of 19, may be cligible for a child care subsidy if the individual needs child care to work or to pursue basic or technical college education. A kinship care relative is an individual who receives monthly payments under the kinship care

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approves the plan

program. The kinship care program provides monthly payments to individuals who are relatives of children and who provide care and maintenance for the children either temporarily (short-term kinship care relative) or on a more permanent basis (long-term kinship care relative).

Under this bill, if DWD determines that moneys allocated for the child care subsidy program are insufficient to provide the child care subsidy to all eligible individuals, DWD may develop a plan to limit participation in the child care subsidy program, including specifying new eligibility criteria for the program. DWD must submit the plan to the secretary of administration for approval and upon approval of the secretary of administration DWD may implement the plan.

Under current law, to be eligible for the child care subsidy, a long—term kinship care relative must cooperate with child support enforcement efforts, provide DWD with any information that DWD requires, and assign to DWD any right the individual has to child or spousal support or maintenance. Short—term kinship care relatives are not required to meet these requirements. Under current law, a short—term kinship care relative is eligible for the child care subsidy if the child's biological or adoptive family has income that is at or below 200% of the federal poverty line while a long—term kinship care relative must have income that is at or below 185% of the federal poverty line to be eligible for the child care subsidy.

Under this bill, the eligibility requirements for the child care subsidy that currently apply to short-term kinship care relatives apply to long-term kinship care relatives.

Under current law, DWD receives federal child care development block grant

Under current law, DWD receives federal child care development block grant (CCDEG) funds. A partion of these funds are distributed by DWD to child care providers and counties for child care services that are provided to individuals who are eligible for the W-2 child care subsidy and to private nonprofit agencies that provide child care for children of migrant workers. Currently, funds may not be used to cover the costs of child care services that are provided to a child by a person who resides with the child, unless a county determines that the child care is necessary because of a special health condition of the child.

The bill permits DWD to reimburse a W-2 agency for child care services that the W-2 agency provides to W-2 participants and applicants and prohibits the use of CCC funds for child care services that are provided for a child by the child's custodial parent, guardian, foster parent, treatment foster parent, legal custodian,

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of DWD)

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or person acting in place of a parent, unless a county determines that the child care is necessary because of a special health condition of the child.

*** ANALYSIS FROM -0525/2 ***

Under current law, DWD contracts with W-2 agencies to administer the W-2 program. Current law requires that these two-year contracts require the W-2 agency to establish a community steering committee that consists of at least 12 members but not more than 15 members, all of whom are appointed by the county executive, county administrator, or chair of the county board of the county that the W-2 agency serves. A community steering committee is responsible for advising W-2 agencies on employment and training activities, creating and encouraging others to create subsidized jobs for W-2 participants, identifying child care needs, improving child care access, and expanding the availability of child care.

This bill eliminates the requirement that the community steering committee consist of a specified number of members. The bill also requires that a W–2 contract require the community steering committee to serve individuals who are receiving services under the federal temporary assistance for needy families (TANF) block grant program and to coordinate its services with a local workforce development board.

*** ANALYSIS FROM -1303/5 *** Public assistance

each fiscal year, including federal moneys received under the federal temporary assistance for needy families (TANF) block grant program, for various public assistance programs. This bill increases and decreases the amounts of moneys that DWD is required to allocate in each fiscal year for the various public assistance programs. The bill also eliminates the allocation for some of the programs, including start—up funding for Wisconsin works (W-2) contracts, the passports for youth program, the community marriage policy project, and payments to the Wisconsin Trust Account Foundation for the provision of legal services to certain low—income individuals.

Additional under this bill, if the amounts of TANF moneys that are received from the federal government are less than the amounts of TANF moneys appropriated to DWD, DWD is acquired to submit a plan to the secretary of administration for reducing the amounts of moneys allocated for the public assistance programs.

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Assecretary of administration approves the plan, DWD may reduce the amounts allocated appropriate in the plan.

The bill also requires DWD to submit a report annually to the secretary of administration on DWD's expenditures for the public assistance programs for which DWD must allocate moneys.

*** ANALYSIS FROM -1302/8 ***

Current law are requires DWD to distribute a portion of the federal child care development block grant (CCDBG) funds to provide various child care services and grant programs, including technical assistance to child care providers, grants for the start—up and expansion of child day care services, and grants for improving the quality of care standards.

This bill requires DWD to also distribute CCDBG funds for a local pass—through grant program for grants to local governments and tribal governing bodies for programs to improve the quality of child care.

*** ANALYSIS FROM -1790/1 ***

Under current law, DWD awards grants of up to \$500 to eligible individuals for the costs of tuition, books, transportation, or other direct costs of training or education in a vocational or educational program. As a condition of eligibility for a grant, an individual's income may not exceed 165% of the federal poverty line and the individual must contribute matching funds equal to the amount of the grant that he of shearest very Finally under current law, the total amount of all grants awarded to an individual may not exceed \$500.

This bill increases the maximum income level for eligibility for an employment skills advancement grant to 185% of the federal poverty line and reduces the amount of matching funds that an individual receiver Also the bill increases the maximum amount of all grants that an individual may receive to \$1,000.

*** ANALYSIS FROM -1300/1 ***

Under current law, DWD contracts with counties and W-2 agencies to administer a work experience program for noncustodial parents. This program is commonly referred to as the children first program. Under the program, counties and W-2 agencies provide work experience, job training, and job search assistance to noncustodial parents who are required to participate in the program because they failed to pay court-ordered child support or to meet their child's needs for support because of unemployment or underemployment. A "noncustodial parent" is a parent

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who does not live with his or her children for substantial periods of time. Current law requires DWD to pay the county or W-2 agency administering the program \$400 for each noncustodial parent who participates in the county's or W-2 agency's program.

This bill authorizes DWD to contract with elected tribal governing bodies of federally recognized American Indian tribes or bands to administer the children first program. The bill also changes the amount that DWD is required to pay to each county, W-2 agency, or tribal governing body for each noncustodial parent who participates in the program from \$400 to an amount that is not more than \$400.

*** ANALYSIS FROM -1707/1 ***

Under current law, DHFS provides aid to eligible individuals to cover the costs of medical care for kidney disease, cystic fibrosis, and hemophilia. An individual who is eligible to receive aid, but whose income exceeds income limits established by DHFS by is required to expend certain amounts of his or income for the medical care before he or she may receive aid. The amount of income an individual is required to expend according to a sliding scale developed by DHFS. Every three years, DHFS is required to review and, if necessary, revise the sliding scale to ensure that the needs of patients with lower incomes receive priority for aid.

This bill requires DHFS to revise the sliding scale as necessary, rather than every three years, to ensure that the needs of patients with lower incomes receive priority for aid.

*** ANALYSIS FROM -1709/4 ***

Under current law, DHFS distributes grants for the provision of alcohol and other drug abuse treatment services in a sounty with a population of 500,000 or more Milwaukee County to individuals who are eligible for TANF and have family incomes that do not exceed 200% of the federal poverty line. This bill permits these grants to be provided throughout the state, rather than only in Milwaukee County Further, the bill requires that moneys for these grants that are unexpended or unencumbered on June 30 of each fiscal year be transferred to the appropriation in DWD for the administration of W-2 and other public assistance programs.

*** ANALYSIS FROM -1884/2 ***

Under current law, county departments of community programs (county departments) are required, within the limits of federal, state, and county funds, to provide to individuals who suffer from mental disabilities, including mental illness, developmental disabilities, alcoholism, or drug abuse, a variety of health care

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services related to mental illness, developmental disabilities, alcoholism, and drug abuse. The health care services provided include diagnostic and evaluation services, inpatient and outpatient care and treatment services, and supportive transitional services. Under current law, if federal, state, and county funds for the alcohol and other drug abuse services are not sufficient to meet the needs of all individuals who are eligible for the services, the county departments must give first priority for the services to any pregnant woman who suffers from alcoholism or alcohol abuse or who is drug dependent.

Under this bill, county departments are required to give second priority for alcohol and other drug abuse services to independent foster care adolescents. An independent foster care adolescent is defined in the hill as an individual who is at least 18 years of age but under 21 years of age, who, on his or her 18th birthday was in foster care, and who suffers from alcoholism or alcohol abuse or who is drug dependent. Also, under the bill, if state, federal, and county funds for mental health services are insufficient to meet the needs of all individuals eligible for mental health services, the bill requires the county departments to give first priority for the services to independent foster care adolescents.

*** ANALYSIS FROM -2309/3 ***)

Under current law, the governor may enter into a cooperative arrangement with DWD under which DWD transfers TANF block grant moneys to the office of the governor to assist the governor in providing TANF. Currently, that authority expires on January 6, 2003. This bill eliminates that expiration date.

*** ANALYSIS FROM -1758/5 ***

CHILDREN

Under current law, DHFS, DPI, and DWD administer various programs for children. This bill creates a children's cabinet board property consisting of the governor, the state superintendent of public instruction, the secretary of administration, the secretary of health and family services, and the secretary of workforce development, that is attached to the office of the governor for administrative purposes. The bill directs the board to make recommendations to the governor and the legislature relating to changes needed in state programs, policies, and funding levels to improve the coordination among state agencies of programs for children and to streamline the delivery of those programs. The bill also directs the board to award grants to local consortial which are defined in the bill as combinations of individuals, public agencies, nonprofit corporations, for—profit organizations,

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federally recognized American Indian tribes or bands, or other persons, to develop models for the delivery of programs for children who are at risk of not being ready to learn when they enter kindergarten or who are at risk of facing barriers to learning while in school (at—risk children). A local consortium must use the grant to develop a model for the delivery of those programs that is designed to create closer links between school districts, human service providers, and other community—based providers of programs for children; enable at—risk children to be ready to learn when they enter kindergarten or to overcome the barriers to learning that they face while in school focus on providing services on a voluntary basis to children under five years of age and their families, but also provide services to children and their families, as needed, throughout the elementary and high school grades; and meet certain performance measures prescribed by the board.

*** ANALYSIS FROM -0440/3 ***

Under current law, the juvenile court may designate an out-of-home placement as the placement for a child who is within the jurisdiction of the juvenile court. The state receives federal foster care and adoption assistance funding under Title IV-E of the federal Social Security Act (generally referred to as IV-E funds) in reimbursement of moneys expended to provide care for children placed in out-of-home placements. The federal government recently, however, changed its regulations relating to eligibility for IV-E funds to provide that IV-E funds are not available when a court orders a child to be placed in a specific out-of-home placement, except that those funds are available when a court orders a child to be placed in a specific out-of-home placement recommended by the agency primarily responsible for providing services for the child (agency) or when a court, after considering the evidence presented by the agency and all parties relating to a child's placement, orders the child to be placed in a specific out-of-home placement other than a placement recommended by the agency. Accordingly, this bill requires an order of the juvenile court placing a child outside the home in a placement recommended by the agency to include a statement that the juvenile court approves the placement recommended by the agency and an order of the juvenile court placing a child outside the home in a placement other than a placement recommended by the agency to include a statement that the juvenile court has given bona fide consideration to the recommendations made by the agency and all parties relating to the child's placement.

Under current law, the juvenile court may appoint a relative of a child as the guardian of the child if the juvenile court makes certain findings, including a finding that the child has been adjudged to be in need of protection or services and has been placed outside of his or her home under an order of the juvenile court for one year or longer. This bill permits any person, not just a relative, to be appointed as the guardian of a child who has been adjudged to be in need of protection or services. The bill also eliminates that one—year waiting period and permits a child who has been adjudged to be in need of protection or services or whose parents' parental rights to the child have been terminated to be placed directly in the home of a guardian without first having been placed in another out—of—home placement.

Currently, a relative who is appointed as the guardian of a child in need of protection or services and who meets certain other requirements is eligible to receive long-term kinship care payments in the amount of \$215 per month for providing care and maintenance for the child. This bill permits a person who is appointed as the guardian for a child in need of protection or service, who was the licensed foster or treatment foster parent of the child before that appointment, and who is a resident of Milwaukee County to receive monthly subsidized guardianship payments in an amount established by DHFS based on the average amount of general purpose revenues expended per child in foster care in Milwaukee County in state fiscal year 2000-01 if the child is 12 years of age or over and has been placed outside of his or her home for 15 of the most recent 22 months, the parental rights of the child's parents have been terminated; at the juvenile court has found that reunification of the child with the child's parents is unlikely or contrary to the best interests of the child and that further reunification efforts are unlikely to be made or are contrary to the best interests of the child the child does not meet any of those conditions, but DHFS has determined that providing subsidized guardianship payments to the guardian is in the best interests of the child and the juvenile court has confirmed that determination. The bill also requires DHFS to request from the servery of the federal department of health and human services a waiver of the requirements under Title IV-E of the federal Social Security Act that would authorize the state to receive IV-E funds for the costs of providing care for a child who is in the care of a guardian who was licensed as the child's foster or treatment foster parent before the guardianship appointment and, if the weiver is approved, to provide monthly subsidized guardianship payments to the guardian according to the terms of the waiver.

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*** ANALYSIS FROM -0264/4 ***

Under current law, for each child living in a foster home, treatment foster home, group home, child caring institution, secure detention facility, or shelter care facility, whether under a voluntary agreement or under an order of the juvenile court, the agency that placed the child or arranged the placement of the child or the agency assigned primary responsibility for providing services to the child under the juvenile court order must prepare a written permanency plan, which is a plan designed to ensure that a child is reunified with his or her family whenever appropriate or that the child quickly attains a placement arranged for a child who, under a juvenile court order, is living in the home of a relative.

Under current law, on the request of a grandparent in whose home a grandchild whose parent is under 18 years of age is placed, whether under a voluntary agreement or under a juvenile court order, DHFS, a county department of human services or social services (county department), or a licensed child welfare agency may license that grandparent as the grandchild's foster or treatment foster parent. This bill requires DHFS, a county department, or a licensed child welfare agency to license such a grandparent as the grandchild's foster or treatment foster parent on the request of the grandparent. Similarly, on the request of a guardian in whose home a minor ward is placed under a juvenile court order, DHFS, a county department, or a licensed child welfare agency may license that guardian as the ward's foster or treatment foster parent. This bill requires DHFS, a county department, or a licensed child welfare agency to license such a guardian as the ward's foster or treatment foster parent on the request of the guardian.

*** ANALYSIS FROM -1825/1 ***

Under current law, certain relatives of a child who provide care and maintenance for the child and who meet certain other conditions (kinship care relatives) are eligible for payment; in the amount of \$215 per month under the kinship care program. Those conditions include a condition that the county department or, in Milwaukee County, DHFS conduct a background investigation of the kinship care relative, any employee or prospective employee of the kinship care relative who has or would have regular contact with the child, and any adult resident of the kinship care relative's home to the conditions that the child, and any arrests or convictions that could adversely affect the child or the kinship care relative's ability to care for the

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child. Currently, a kinship care relative who is denied kinship care payments or who is prohibited from employing a person or permitting a person to reside in the kinship care relative's home based on an arrest or conviction record may request the director of the county department or, in Milwaukee County, a person designated by the secretary of health and family services to review that denial. That review procedure expires on the day after publication of the 2001-03 biennial budget. eliminates that expiration date.

*** ANALYSIS FROM -1826/2 ***

Under current law, if the parental rights of all living parents of a child are terminated or if a child has no living parents, the juvenile court may transfer guardianship of the child to DHFS, which is then responsible for securing the adoption of the child. If a permanent adoptive placement is not in progress two years after entry of the termination of parental rights (TPR) or guardianship order, DHFS may petition the juvenile court to transfer legal custody of the child to a county department, but DHFS remains the guardian of the child. This bill shortens that time frame to one year after entry of the TPR or guardianship order. The bill also authorizes DHFS to petition the juvenile court to transfer guardianship of such a child to a county department that is authorized to accept guardianship of children.

Similarly, under current law, an American Indian tribal court in this state may appoint DHFS as guardian or legal custodian of a child who has no parents, or whose parents' parental rights to the child have been terminated by the tribal court, for the purpose of making an adoptive placement for the child. If a permanent adoptive placement is not in progress two years after entry of the TPR or guardianship order, DHFS may petition the tribal court to transfer legal custody or guardianship of the child back to the tribe. This bill shortens that time frame to one year after entry of , pavental the TPR or guardianship order. - older

*** ANALYSIS FROM -1889/1 ***

Under current law, a person 21 years of age or wer whose birth parent's rights have been terminated, or who has been adopted, in this state may request DHFS to provide the person with a copy of the person's original birth certificate and with the identity and location of the person's birth parents. If the person's birth parent has not filed an affidavit authorizing DHFS to disclose the person's original birth certificate or the identity and location of the birth parent, DHFS or a county department or a child welfare agency under contract with DHFS must conduct a search for the birth parent to inform the birth parent that he or she may file an

affidavit authorizing that disclosure. This bill eliminates the authority of DHFS to conduct those searches or to contract with a county department or a child welfare agency to conduct those searches. Instead, the bill permits DHFS to license a child welfare agency to conduct those searches.

Under current law, DHFS, a county department, or a child welfare agency may charge a reasonable fee for the cost of conducting a search for a person's birth parents, but may not charge a fee in excess of \$100 unless the person gives consent to proceed with the search. Similarly, a person requesting access to medical and genetic information about a person or the person's birth parents must pay a fee based on ability to pay, but not to exceed \$150, for the cost of locating, verifying, purging, summarizing, copying, and mailing that information. This bill eliminates those fee caps.

*** ANALYSIS FROM -0261/1 ***

Deficient law DHFS is required to pay claims not payable by other insurance for bodily injury or property damage sustained by a foster, treatment foster, or family-operated group home parent (parent) or a member of the parent's family as a result of an act of a child placed in the parent's care. Current law also permits DHFS to pay claims not covered by other insurance for acts or omissions of a parent that result in bodily injury to a child placed in the parent's care or that form the basis for a civil action for damages against the parent, and for bodily injury or property damage caused by an act or omission of a child who is placed in the parent's care for which the parent becomes legally liable. Currently, the amount of those claims that DHFS may approve in a fiscal year is subject to a \$200 deductible. This bill lowers that deductible amount to \$100.

*** ANALYSIS FROM -0439/3 ***

Under current law, DHFS distributes IV-E funds as community aids to counties for the provision of social services to children and families. If on December 31 of any year there remains unspent or unencumbered in the community aids basic county allocation an amount that exceeds the amount of IV-E funds allocated as community aids in that year (excess IV-E funds), DHFS must carry forward to the next year those excess IV-E funds and distribute not less than 50% of those excess IV-E funds to counties other than Milwaukee County that are making a good faith effort to implement the statewide automated child welfare information system (generally referred to as "WISACWIS") for services and projects to assist children and families. Currently, a county is required to use not less than 50% of the excess

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IV-E funds distributed to that county for services and projects to assist children and families. This bill permits a county, in the catefacter year in which the county implements WISACWIS and in the two eatendar years after that calendar year, to use 100% of the excess IV-E funds distributed to that county to reimburse DHFS for the costs of implementing WISACWIS. for

*** ANALYSIS FROM -0490/2 ***

Under current law, the child abuse and neglect prevention board (CANPB) may expend the interest earned on, but not the principal of, moneys received from the sale of "Celebrate Children" license plates to award grants to provide child abuse and neglect prevention programs, early childhood family education centers, and right from the start projects; to administer statewide child abuse and neglect prevention projects; and to pay for the operating costs of CANPB. This bill permits CANPB to expend 50% of the moneys received from the sale of those license plates, and all interest earned on those moneys received, to award these grants, administer these projects, and pay for these costs. its operating

*** ANALYSIS FROM -0196/2 ***

*** ANALYSIS FROM -0198/2 *** (wiel receive)

FAMILY CARE

Under family care, a program of financial assistance in providing long-term care and support items, persons are entitled to and may receive the lamily care benefit if they are at least 18 years of age, have physical disabilities or infirmities of aging, meet financial criteria, and fulfill any applicable cost–sharing requirements. They must also meet any of several criteria related to functionality, eligibility for MA, the need for protective services or protective placement, and the existence of chronic or terminal conditions. Other persons may be eligible for, but are not necessarily entitled to, the family care benefit if they are at least 18 years of age, have physical disabilities or infirmities of aging, meet financial criteria, fulfill any applicable cost-sharing requirements, and meet any of several criteria relating to functionality. DHFS is authorized to determine the date on which these functionality criteria first apply to applicants for the family care benefit who are not MA recipients, but the date may not be later than July 1, 2000. Persons with developmental disabilities in a county in which family care initially was provided before July 1, 2001, are both eligible and entitled. One of the criteria for functionality for both entitled and eligible persons is that the person have a condition that is expected to last at least 90 days or result in death within 12 months after the date of application and, on the

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date that the family care benefit became available in the person's county of residence, the person was a nursing home resident or had been receiving care under long-term MA, the Alzheimer's family caregiver support program, community aids, or county funding.

This bill applies to eligible persons who do not meet other functionality criteria the family care functionality criterion that relates to a chronic or terminal condition. The bill requires that a person seeking a determination of functional eligibility under the criterion first apply for eligibility for the family care benefit within 36 months after the date on which the family care benefit is initially available in the person's county of residence. Further, for persons who are entitled to the family care benefit, the bill creates a criterion that is similar but under which a person qualifies only if he or she does meet another specific functionality criterion. The bill changes provisions concerning persons with developmental disability, so that a person who is 18 years of age, has a primary disabling condition of developmental disability, and meets financial and functionality criteria is both eligible for and entitled to the family care benefit; if the person is a resident of a county in which family care was initially provided before July 1, 2003.

The bill changes the date that DHFS is authorized to determine for applying functionality criteria under the family care program to family care benefit applicants who are not MA recipients. Under the bill, the date must be not later than January 1, 2004, but, before the determined date, persons who are not eligible for MA may receive the family care benefit within the limits of state funds appropriated for this purpose and available federal funds.

*** ANALYSIS FROM -0205/3 ***

Currently, a family care resource center in a county must, within six months after the family care benefit is available to all eligible persons in the resource center's area, provide information about the family care benefit and family care services to all older persons and persons with physical disabilities who reside in facilities in the area, must provide a functional and financial screening to those residents and to certain persons who are seeking admission to a facility, and must provide access for eligible persons to protective services or protective placement or elder abuse services.

This bill requires that DHFS assure the provision of family care benefit and family care services information, functional and financial screenings, and access for eligible persons to protective services or protective placement and elder abuse services, rather than requiring that a family care resource center provide these.

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Also, under the bill, persons who must receive information and the family care benefit and family care services and functional and financial screenings must be persons who are residents of certain facilities and are members of a target population served by a care management organization in the county.

*** ANALYSIS FROM -0197/1 ***

Currently, DHFS may contract with various entities to operate family care resource centers, which provide, among other things, determinations of family care eligibility and information and referral services. If the secretary of health and family services certifies that a family care resource center is available in a county, adult family homes, residential care apartment complexes, C-BRFs, and nursing homes in the county must, unless certain exceptions apply, refer persons who are at least 65 years of age or have physical disabilities that are expected to last at least 90 days to the resource center for services and determinations of family care and other program eligibility. In addition, nursing homes must so refer persons with developmental disability.

*** ANALYSIS FROM -0200/2 ***

Currently, DHFS must promulgate rules requiring a hospital to refer to a resource center patients being discharged, who have developmental disability or a physical disability requiring long—term care for at least 90 days or who are 65 years of age or older. The rules must specify that the requirement applies only if the secretary of health and family services has certified that a resource center is available for the hospital and for individuals that include the hospital's patients. Hespitals violating the rules must forfeit up to \$500 for each violation.

This bill eliminates the requirement that DHFS promulgate rules requiring a hospital to refer patients to a resource center and eliminates the forfeitures applicable to violations of those rules. The bill, instead, requires that a resource center annually develop and provide to the local long-term care council for review a tentative plan for coordinating appropriate referrals of individuals who are discharged from hospitals in the area served by the resource center and who are likely to be eligible for a family care benefit. The local long-term care council must review the tentative plan and provide to the resource center nonbinding plan recommendations. What for ensuring cooperation and coordination between the resource center and hospital. In turn, the resource center must consider the recommendations and cooperate with hospitals in the geographic area served by the resource center in developing and implementing the plan. Hospitals, under the bill,

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must participate in the plan development and implementation if the secretary of health and family services has certified that a resource center is available for the hospital and for individuals that include the hospital's patients.

The bill clarifies that adult family homes, residential care apartment complexes, and C-BRFs must refer persons with developmental disability to family care resource centers for services and determinations of family care and other program eligibility.

*** ANALYSIS FROM -0203/2 ***

Currently, a county board of supervisors or, in a county with a county executive or county administrator, that person, may create a family care district (a special purpose district that is organized to operate a family care resource center or a care management organization, but not both). The county board of supervisors or county executive or county administrator. And also appoints the 15 members of the family care district board, which is the governing body for the family care district. If a county joins with one or more counties, the county board of supervisors of each county may create a family care district, with a 21-member board. The lengths of appointment of the initial members of the family care district board, on a staggered basis, are specified. Up to one-fourth of the members may be elected or appointed officials or employees of the county. Also, in each county that participates in family care, the county board must appoint a local long-term care council, which develops the initial county plan for the structure of the family care program in that county.

This bill permits a county board of supervisors or a county executive or county administrator to appoint only the initial members of a family care district board, and requires that both the proposed creation of a family care district and the proposed appointments to the family care district board be first reviewed and approved by the secretary of health and family services. This limitation also applies to the county boards of supervisors that join in creating a family care district. The local long—term care council must also review the proposed initial members of the family care district board and recommend to that secretary approval or disapproval of the proposed membership. The bill authorizes members of the family care district board, once initially appointed, to appoint successors to the board. Further, the bill decreases the initial lengths of appointment of initial members and limits to less than one—fourth of the membership the number of family care district board members who may be elected or appointed county officials or county employees.

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*** ANALYSIS FROM -0428/3 ***

Under current law, after the secretary of health and family services has certified that a family care resource center is available to provide family care services in a county, C-BRFs and residential care apartment complexes in that county must provide prospective residents with information about the family care benefit and services of the resource center and must refer certain persons to a resource center. In addition, C-BRFs must inform all prospective residents of the assessment requirements for the receipt of long-term support community options program (COP) services and services under the community integration program for persons who are relocated from certain institutions or who meet level-of-care requirements for MA.

This bill requires that, beginning on January 1, 2002, except in a county in which a resource center is available to provide family care services, a residential care apartment complex inform prospective residents of the services of the county aging unit and the agency in the county that administers COP and conditions for eligibility for public funding for long-term care services. Also, except in such a county, a C-BRF must refer persons seeking admission to the C-BRF to the agency in the county that administers COP. Residential sare apartment complexes and C-BRFs that fail to comply with these requirements are subject to imposition of administrative forfeitures. Lastly, the bill authorizes COP funding to be used for conducting preadmission consultations for persons seeking admission or about to be admitted to a C-BRF.

*** ANALYSIS FROM -0201/3 ***

Under current law, under family tears, the provided benefit is funded from a number of sources, including federal and state moneys for those who are eligible for MA. Moneys that are received from recovery of family care correctly paid benefit payments (commonly referred to as "estate recovery") are appropriated, in part, as payments to care management organizations to provide the family care benefit.

This bill provides that moneys that are received as estate recovery from family care enrollees who are ineligible for MA are appropriated to pay for administering the estate recovery and as payments to care management organizations to provide the family care benefit. With respect to moneys that are received as estate recovery from family care enrollees who are eligible for MA, the bill appropriates those moneys as part of the state share of MA that is provided as the family care benefit.

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Under family care, a client may contest specified matters, including the recovery of family care correctly paid benefit payments, (commonly referred to as estate recovery) and incorrectly paid benefit payments, by filing a written request for a hearing with the division of hearings and appeals of DOA. The client must file the request within 45 days of receiving notice of a decision in a contested matter or within 45 days of the failure by a resource center or care management organization under family care to act on the matter under time frames specified Markle by DHFS. DHFS also must promulgate rules relating to the recovery of correctly and incorrectly paid family care benefits that are substantially similar to MA recovery provisions.

This bill changes the time by which a family care client may contest certain actions under family care to be within 45 days after the effective date of the action. Further, the bill eliminates recovery of family care benefit payments as a matter that may be contested within this time limitation.

*** ANALYSIS FROM -1686/4 ***

MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

Under current law, DHFS approves and otherwise regulates public and private treatment facilities for the provision of services for mental illness, developmental disability, and alcohol and other drug abuse. DHFS may, after notice and hearing, grant, suspend, revoke, or limit such an approval, and a court may restrain violations of conditions of approval or standards of care by treatment facilities; review denials, restrictions, or revocations of approval; and grant other enforcement relief.

This bill changes current provisions concerning approval and other regulation of treatment facilities to specify penalties and sanctions that DHFS may impose on treatment facilities for violations of conditions of approval or standards of care; these penalties and sanctions are similar to those that DHFS may, under the bill, impose on facilities or services regulated by DHFS that provide medical care. Under the bill, if DHFS provides a treatment facility with written notice of the grounds for a sanction, an explanation of the types of sanctions that DHFS may impose, and an explanation of the appeal process, DHFS may impose any of the following:

1. A daily forfeiture of not less than \$10 nor more than \$2,000 for each violation, with each day of violation being a separate offense; the amount of the forfeiture and payment deadlines are specified by DHFS by rule, based on the size of the treatment facility and the seriousness of the violation, and may be increased if there is continued failure to comply with a DHFS order.

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- 2. Suspension of approval.
- 3. Under specified circumstances, revocation of approval.

The bill specifies procedures for requesting a hearing to contest a forfeiture, suspension, or revocation.

*** ANALYSIS FROM -0424/5 ***

Currently, the Northern Center for the Developmentally Disabled, Southern Center for the Developmentally Disabled, and Central Center for the Developmentally Disabled are operated by DHFS to provide various services to persons with developmental disability and to return those persons to the community when their needs can be met at the local level.

This bill authorizes DHFS to allow a center for the developmentally disabled to offer, when DHFS determines that community services need to be supplemented, short-term residential services, dental and mental health services, physical therapy, psychiatric and psychological services, general medical services, pharmacy services, and orthotics. These services may be provided only under a contract between DHFS and specified entities, to persons who are referred by the entity. Further, the services are governed by the terms of the contract or by statutes or administrative rules that regulate facilities, govern certain mental health services, and provide mental health patient rights. In the event of a conflict between contract provisions and these statutes or rules, the services must comply with the contractual, statutory, or rules provision that is most protective of the health, safety, welfare, or rights of the recipient of the services, as determined by the center for the developmentally disabled. Specified mental health statutes, including emergency detention and commitment laws, and zoning and other county, city, town, or village ordinances, do not apply to provision of the services.

-Currently, the state centers for the developmentally disabled must provide services for up to 36 persons with developmental disability who are also diagnosed as mentally ill or who exhibit extremely aggressive and challenging behaviors.

 (\mathcal{M}) This bill increases to up to 50 the number of persons with developmental disability and mental illness or extreme behaviors that the state centers for the , criminish offense developmentally disabled must serve.

*** ANALYSIS FROM -0423/1 ***

Under current law, if a court during a trial for violations of a crime, has reason to doubt the defendant's competency to proceed, the court must order the defendant to be examined, on an inpatient or outpatient basis, as determined by DHFS. For

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an inpatient examination, the court must arrange for the defendant's transportation to and return to jail from the examining facility. Also under current law, a county department of community programs may not reimburse a state institution for care provided by the institution to certain persons, including criminal defendants who are ordered to be examined by mental health institutes for competency to undergo trial.

This bill requires that, for a defendant in a criminal trial who has been ordered to receive an examination for mental competency to undergo trial, the sheriff of the defendant's county of residence transport the defendant to and return the defendant to jail from the examining facility. The bill requires that a county department of community programs reimburse a mental health institute at the institute's daily rate for all days of custody of a county resident who is examined for competency to proceed in a criminal trial, beginning 48 hours (excluding Saturdays, Sundays, and legal holidays) after the sheriff and county department receive notice that the examination has been completed.

*** ANALYSIS FROM -0195/1 ***

Under current law, DHFS must distribute not more than \$350,000 in federal funds in each fiscal year as five year system-change grants to counties to assist in relocating individuals with mental illness from institutional or residential care to less restrictive and more cost—effective community settings and services.

This bill changes system change grants so as to eliminate the limitation on federal funding; reduce from five years to three years the maximum grant period; permit the grants to be made to entities other than counties; and require that the grant funds be made to permit recovery—oriented mental health system changes, prevention and early intervention strategies, and consumer and family involvement.

Lastly, the bill requires that community services developed under a grant be continued following grant termination, by use of savings made available from incorporating recovery, prevention and early intervention strategies, and consumer and family involvement in the services, rather than by use of funding made available from reduced use of institutional and residential care.

*** ANALYSIS FROM -0426/4 ***

OTHER HEALTH AND HUMAN SERVICES

Under current law relating to wital statistics, the state registrar or local registrars (the county registers of deeds or city registrars) may publish in a public index information from a birth certificate that is not changed or impounded concerning the name, sex, date and place of birth, and parents' names for a person

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or the decedent's legal custodian or guardian.

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bern of a mother who was unmarried for the period from conception to birth. This bill limits the information that may be filed in public with indexes of certificates of birth, death, and divorce, or annulment, or marriage documents that are published by the state registrar or local registrars to the registrant's full name, date of the event, county of occurrence, county of residence, and, at the discretion of the state registrar, the file number. Further, under the bill, for births that occur after September 30, 1907, certificate of birth index information may be copied or reproduced for the public only if 100 years have elapsed since the birth. Indexes of certificates of death and divorce or annulment may be copied or reproduced for the public after 24 months from the year in which the event occurred, but certain information on the certificate of death itself may not be inspected by or disclosed to anyone for 50 years after the date of death, except to a person who has a direct and o tangible interest in the death, such as a member of the decedent's immediate family

Current law specifies procedures by which the state registrar may, without a court order, change incorrect information or insert omitted information on a vital record or must, under a court order, make those changes. Current law also requires that a certificate of birth for every birth in this state be filed in the registration This district in which the birth occurs within five days after the birth. The bill specifies = procedures for the state or a local registrar to follow in recording changed information on a vital record, including special procedures the state registrar, under a court order, where the facts misrepresented by an informant for a certificate of birth. The bill prohibits the state registrar from making changes on a birth certificate, without a court order, to add or delete the name of a parent or change the identity of a parent. The bill requires that the state registrar, rather than the local registrar, register births and make a copy available in the registration districts in which the birth occurred and in which the mother resided at the time of the kinth-

Currently, a funeral director, a member of a decedent's immediate family, or a person authorized to dispose of unclaimed corpses or anatomically to study donated bodies who moves a corpse must, within 24 hours after the death, file certain information on a death certificate. The funeral director, family member, or person must forward the certificate to the decedent's attending physician or, for certain deaths (for example, homicides), to a coroner or medical examiner the completion of a separate medical certification section on the death certificate. The person signing the medical certification must describe, in detail the cause of death and mustimall

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the death certificate within five days to the funeral director, family member, or person who is responsible for filing the death certificate. The bill requires that, beginning January 1, 2003, a certificate of death consist of three parts that contain:

1) Fact-of-death information (the name and other identifiers of the decedent, including the decedent's social security number; the date, time, and place that the decedent was pronounced dead; the manner of the death; the identity of the person certifying the death; and the dates of certification and filing of the death certificate).

2) Extended fact-of-death information (all the previous information, plusy information on final disposition and cause of death) and injury-related data (3) Statistical-only information (all other information that is collected on the standard death record form recommended by the federal agency responsible for national vital statistics and other data, as directed by the state registrar, including race, educational background, and health bisk behavior). In addition, the bill clarifies what items on the certificate of death must be completed by persons who are required to complete medical certifications.

Under current law, the state or a local registrar must collect specified fees for issuing various documents including a certified copy of a tital record, and additional copy of a tital record, and uncertified copies of vital regords for searching vital technic, and for making alterations administratively and as ordered by a court. The bill increases the amounts that the state registrar or a local registrar may charge as fees for issuing an additional certified copy of a vital record. The bill authorizes charging for issuing additional copies of uncertified vital records and for expedited service in issuing a vital record. The bill clarifies that fees must be charged for making any change that is court ordered, that is administrative, or that is a recision of a statement acknowledging paternity. The bill also authorizes charging a reasonable fee for providing searches of vital records and copies of vital records to state agencies for program use.

Under current law, after persons apply for a marriage license, a county clerk who receives the sworn statement of either of the applicants must correct erroneous, false, or insufficient statements in the marriage license or in the application and must show the corrected statement to the other applicant. The bill changes this procedure to require a county clerk who is notified in writing by a marriage applicant that information provided for the license is erroneous to notify the other applicant as soon as reasonably possible and, if the marriage license has not been issued, to prepare a new license with the correct information entered; if the marriage license

has been issued, the clerk must immediately send a letter of correction to the state registrar. Also, under the bill, if the clerk discovers that correct information has been entered erroneously on the marriage license, he or she must prepare a new license if the marriage license has not been issued, or must immediately send a letter of correction to the state registrar to amend the erroneous information if the marriage license has been issued.

Under current law, the marriage document must contain the social security number of each party, as well as any other informational items that DHFS determines are necessary. The bill requires that the marriage document consist of the marriage license and the marriage license worksheet, and that the latter contain the social security number and other information items that DHFS determines are necessary. Finither the marriage license worksheet must agree in the main with the standard form recommended by the federal agency responsible for national vital statistics. The county florit must transmit the marriage license worksheet to the state togistrar within five days after the date of issuance of the marriage license.

Currently, following a paternity action, the court must notify the state registrar of necessary changes to the child's birth certificate that result from the paternity action. This bill authorizes the county child support agency also to so notify the state registrar.

Currently, the definition of "vital records" means certificates of birth, death, and divorce or annulment, marriage documents, and related data. The bill expands the definition of "vital records" to include worksheets or electronic transmissions that use forms of electronic file formats that are approved by the state registrar and related to birth, death, divorce or annulment certificates or marriage documents.

*** ANALYSIS FROM -0317/1 ***

Under current law, DHFS must collect health care information from health care providers, including physicians, hospitals, and ambulatory surgery centers, and must analyze and disseminate that information in the form of standard reports, public use data files, and custom—designed reports. DHFS may only release public use data files that do not permit the identification of specific patients, employers, or health care providers; this identification must be protected by all-necessary means, including by the deletion of patient identifiers and the use of calculated and aggregated variables. In addition to these restrictions, numerous other restrictions apply to the release by DHFS of information that is submitted by health care

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providers other than hospitals or ambulatory surgery centers. Lastly, DHFS must prohibit purchasers of data from rereleasing individual data elements of health care data files. DEPS must define "individual data elements" by rule.

This bill eliminates the requirement that DHFS prohibit purchasers of health care information data from rereleasing individual data elements of health care data files.

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*** ANALYSIS FROM -1712/2 ***

Under current law DHFS is required to develop and submit various reports and plans to other state agencies, the governor, or the legislature. Specifically, DHFS must do the following:

- 1. Submit annually, a plan to address hunger in the state and to relieve hunger in populations currently experiencing hunger to the governor, the superintendent of public instruction, and the legislature.
- 2. Subjuit annually, a report on the expenditure of funds for providing primary health services and mental health services to homeless individuals to the legislature.
- 3. Submit a plan for developmental disability services in the state, and biennial updates to the plan, to the governor, standing committees of the legislature with jurisdiction over developmental disability issues, and JCF.
- 4. Submit a report on DHFS's progress in implementing an early intervention services program to the legislature.
- 5. Submit a report on DHFS's activities relating to the treatment of alcoholism to the governor. $\bar{}$

This bill permits, rather than requires, DHFS to develop and submit these reports and plans.

My under current law, before DOA may approve any payments to counties for providing supportive, personal, or nursing services to individuals who reside in a certified residential care apartment complex, DHFS is required to submit an annual report on the statewide medical assistance daily cost of nursing home care to DOA for review and approval. If DOA approves the report, DOA may make the payments to counties.

Approximate fill MOHFS may submit a report to DOA on the statewide medical assistance daily cost of nursing home care. The bill eliminates the requirement that DOA must approve the report before DOA may make the payments to counties.

Finally, current law requires the council on physical disabilities to submit to the legislature recommendations on matters relating to physically disabled individuals

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Minderatha bill MOHES may submit a report to DUA on the statewide medical assistance daily cost of nursing home care. The bill eliminates the requirement that DOA may approve the report before DOA may make the payments to counties.

Finally, current law requires the council on physical disabilities to submit to the legislature recommendations on matters relating to physically disabled individuals

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and requires the council on mental health to submit to DHFS, the governor, and the legislature policy recommendations in the area of mental health.

The bill permits, rather than requires, the council on physical disabilities and the council on mental health to submit the reports.

*** ANALYSIS FROM -0530/2 ***

Under current law, DWD collects and distributes all moneys received for child or family support and maintenance (formerly called alimony). If amounts received cannot be distributed, such as when a payee has not notified DWD of a new address, or if amounts received are distributed but go unclaimed, such as when a check that is sent to a payee is not cashed within one year of the check's issuance, those amounts are considered to be abandoned or unclaimed property. DWD must deliver to the state treasurer those funds that remain unclaimed after public notice. The state treasurer deposits all abandoned or unclaimed property in the school fund, and anyone claiming an interest in abandoned or unclaimed property may file a claim with the state treasurer to obtain the property.

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Under the bill, DWD may retain to pay for its own expenses in administering the child support program all amounts received for support that cannot be distributed or that are not claimed by payees. DWD and the state treasurer still provide notice of the abandoned or unclaimed property retained by DWD, and the state treasurer pays any valid claims that are filed with respect to that property. At least quarterly, DWD must reimburse the state treasurer for the state treasurer's administrative expenses, and for any claims that are paid, with respect to that property.

*** ANALYSIS FROM -0529/6 ***

Under current law, if a person owes an outstanding amount for past child or family support or for medical or birth expenses, or is delinquent in making court-ordered child or family support or maintenance payments, the amount that the person owes may be withheld from any state income tax refund or credit owed to the person. Also under current law, if a court orders a person to pay child or family support or maintenance, the court must order the person to pay to DWD an annual receiving and disbursing fee (R&D fee) of \$25, in every year for which maintenance, child support, or family support payments are ordered, to pay for DWD's costs associated with receiving and disbursing the maintenance, child support, or family support and maintaining a record of the receipts and disbursements.

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The bill increases the R&D fee to \$35, beginning with R&D fees payable in 2002, and provides that a person paying the R&D fee must pay it not only in every year for which maintenance, child support, or family support payments are ordered but also in every year in which the person owes an arrearage in any of those payments. The bill provides that, if a person is delinquent in paying the R&D fee, the delinquent amount may be withheld from any state income tax refund or credit owed to the person upon certification of the delinquency by DWD to DOR. Before the refund or credit may be withheld, however, the person is entitled to a court hearing on whether he or she owes the amount that DWD certified to DOR. The bill also requires DWD to study what it would cost DWD to operate the statewide receipt and disbursement system, which is currently operated by a private party under contract with, and paid by, DWD.

*** ANALYSIS FROM -0263/2 ***

Current law permits a nonprofit corporation that contracts with DHFS to provide the services on the basis of a prospectively set, unit rate per dient service to retain a certain percentage of any surplus that is generated by those dient services, and to use that retained surplus to cover any deficit incurred in any preceding or future contract period or to address the programmatic needs of its clients. This bill permits a county department that contracts with DHFS to provide and to use that retained surplus in the same way that a nonprofit corporation is permitted to retain and use such a surplus under current law. The bill, however, prohibits a county department or a nonprofit corporation providing the services in Milwaukee County from retaining a surplus from revenues that are used to meet the maintenance—of—effort requirement under the federal TANF program.

*** ANALYSIS FROM -0443/3 ***

Under current law, DHFS distributes general purpose revenues and federal revenues, as community aids, to counties to provide social, mental health, developmental disabilities, and alcohol and other drug abuse services. DHFS must distribute community aids in the form of a basic county allocation, together with certain categorical allocations, including allocations for the prevention and treatment of substance abuse and for Alzheimer's family and caregiver support. A county's annual community aids allocation is specified in a contract between DHFS and the county, and DHFS distributes the county's allocation in reimbursement of claims submitted by the county for moneys expended for those services. This bill sets

the basic county allocations and the allocations for the prevention and treatment of substance abuse and for Alzheimer's family and caregiver support for fiscal years 2001–02 and 2002–03. LPS: Please Keep#

ANALYSIS FRÓM *-*0442/6 ***

Under current law, DHFS must provide child welfare services in Milwaukee County and Milwaukee County must contribute moneys in each fiscal year for the provision of those services. DOA must collect those moneys by deducting all or part of those moneys from any community aids or shared revenue payments due Milwaukee County. This bill eliminates the authority of DOA to collect those moneys by deducting all-or part of those moneys from the community aids payments due Milwaukee County and instead specifies that part of that contribution must be made by a reduction in the amount of community aids distributed to Milwaukee County inzeach fiseal year.

*** ANALYSIS FROM -0515/4 ***

MUST

Under current law, the adolescent pregnancy prevention and pregnancy services board (APPPS\board), which is attached to DHFS for administrative purposes, is required to award grants to organizations that provide pregnancy prevention programs or pregnancy services to persons under 18 years of age. An organization that receives a grant from the APPPS board must provide matching funds equal to 20% of the grant amount awarded, but may not use any moneys received from the state government toward meeting that matching funds requirement. This bill prohibits an organization that receives a grant from the APPPS board from using moneys received from the federal, as well as the state, government toward meeting the matching funds requirement under the grant. The bill also transfers the APPPS board from DHFS to DOA for administrative purposes.

(*** ANALYSIS FROM -0421/2 ***

Under current law, DHFS, or a local health department that acts as an agent of DHFS, issues permits for operation of hotels, restaurants, temporary restaurants, tourist rooming houses, bed and breakfast establishments, vending machine commissaries, vending machines, campgrounds, camping resorts, recreational and educational camps, and public swimming pools. DHFS must promulgate rules establishing permit fees, preinspection fees, and late fees (for untimely permit renewal for those establishments that DHFS directly regulates. For establishments that are directly regulated by a local health department that is granted agency status by DHFS, however, the local health department must establish its own fees and must

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impose both its own fees and fees (entitled "state fees") which may be no more than 20% of the DHFS fees and which must be reimbursed to DHFS. This bill requires that DHFS promulgate rules establishing reinspection for operating without a permit for comparable compliance or variance requests, and feesales, pre-permit review of restaurant plans.

Currently, a permit to operate a restaurant that operates at a fixed location in conjunction with an event such as a fair (a "temporary restaurant") may be applied to a premises other than that for which it was issued if DHFS or a local health department approves. A person who operates a bed and breakfast establishment for more than ten nights in a calendar year must obtain a biennial permit from DHFS. DHFS or a local health department that acts as an agent of DHFS may not without a preinspection provide a permit for operation of a new, or newly operated, hotel, tourist rooming house, bed and breakfast establishment, restaurant, or vending machine commissary.

This bill eliminates the authority for DHFS or a local health department to approve applying the permit for a temporary restaurant to a location other than that for which it was originally issued. The bill requires that a person operating a bed and breakfast establishment for more than ten nights in a calendar year obtain an annual, rather than a biennial, permit from DHFS. Later the bill prohibits DHFS or a local health department acting as a DHFS agent from providing, without a preinspection, a permit for operation for a new, or newly operated, public swimming pool, campground, or recreational or educational camp.

*** ANALYSIS FROM -0433/4 ***

DHFS may recover for

Under current law, DHFS may recover from property left by a decedent who received certain benefits, such as predical assistance, up to the amount that DHFS paid on behalf of the decedent for the benefits. If the decedent's solely owned property in this state does not exceed \$20,000 in value, no person has commenced a procedure for administering the decedent's estate, and the decedent is not survived by a spouse, disabled child, or child under the age of 21, DHFS may receive the decedent's property by presenting the person who has the property with an affidavit showing that the requirements for DHFS's recovery of benefits paid are fulfilled. DHFS is prohibited, however, from collecting from any of the decedent's property that consists of interests in or liens on real property; wearing apparel; jewelry; household furniture, furnishings, or appliances; motor vehicles; or recreational vehicles.

The bill removes the prohibition against DHFS from recovering from certain types of property of a decedent and, instead, requires DHFS to reduce the amount that it may recover by up to a specified amount (currently, \$5,000), if the reduction is necessary to allow the decedent's heirs to retain property of the decedent consisting of wearing apparel and jewelry held for personal use; household furniture, furnishings, and appliances; and other tangible personal property, worth up to \$3,000, not used in trade, agriculture, or other business.

Under current law, if a decedent left solely owned property not exceeding \$20,000 in value, and heir may have any of the property, including an interest in real property, transferred to himself or herself by presenting the person holding the property with an affidavit containing certain information. The bill provides that, if an interest in real property of a decedent is transferred to an heir by affidavit, DHFS has a lien on that interest in real property if the decedent does not have a surviving spouse or child who is under age 21 or disabled. If the decedent has a surviving spouse or child who is under age 21 or disabled, DHFS has a lien on the interest in real property only if the real property was the decedent's home. DHFS may enforce its lien by foreclosure, in the same manner as a mortgage, but not while the decedent's spouse, if any, or child who is under age 21 or disabled, if any, is alive.

*** ANALYSIS FROM -1908/1 ***

Under current law, financial institutions must participate in a financial record matching program operated by DWD for the purpose of determining whether a person who owes child support or maintenance (formerly called alimony) has an account at a particular financial institution. Under the bill, DWD must reimburse a financial institution up to \$125 per quarter for its participation in the program. Under current law, DWD must provide by rule for a reimbursement amount that does not exceed a financial institution's actual cost.

*** ANALYSIS FROM -1740/1 *** INSURANCE

Current law prohibits an insurance stock or mutual corporation from being a party to a contract that has the effect of delegating to a person, to the substantial exclusion of the board of the insurance stock or mutual corporation, any management control of the corporation or of a major corporate function, such as underwriting or loss adjustment. Current law provides exceptions, however, for health maintenance organizations, limited service health organizations, and preferred provider plans if the person to whom the management authority is

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delegated exercises the authority according to the terms of a written contract that is filed with, and not disapproved by, the commissioner of insurance bill eliminates these exceptions effective January 1, 2004.

*** ANALYSIS FROM -0472/1 ***

Current law sets out the various services provided by OCI for which fees must be paid and specifies the fee amounts. The bill provides that the fee amounts in the statute apply unless the commissioner specifies a different amount by rule, and authorizes the commissioner to provide for different fee amounts by rule, to provide for maximum fee amounts in any such rule, and to charge less than the maximum amount specified in the rule.

*** ANALYSIS FROM -1744/3 *** LOCAL GOVERNMENT

Under current law, a municipality receives a shared revenue payment based on the municipality's population. This bill eliminates the current shared revenue payment to a municipality based on population.

Under current law, a municipality also receives an aidable revenues payment that is equal to the product of the municipality's aidable revenues and the municipality's tax base weight. Aidable revenues are, generally, revenues raised by the municipality, such as local taxes and regulation revenues. Tax base weight is based, generally, on the value of property in the municipality compared to the municipality's population. This bill eliminates a municipality's aidable revenues payment.

This bill creates an aidable expenditures payment for a municipality. The bill also creates a "growth–sharing region" payment for a municipality.

Beginning in 2002, a municipality receives an aidable expenditures payment that is equal to the product of the municipality's aidable expenditures and the municipality's tax base weight. Aidable expenditures include a municipality's expenditures for general government operations; law enforcement, fire protection, ambulance services, and other public safety services; and health and human services. Aidable expenditures do not include a municipality's expenditures for highway maintenance, administration, or construction; road—related facilities or other transportation; solid waste collection and disposal or other sanitation; culture; education; parks and recreation; conservation; or development.

Annually. DOR determines the amount of each municipality's aidable expenditures. The amount of a municipality's aidable expenditures in a year is the

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lesser of: 1) the amount of the municipality's aidable expenditures in the year that was two years before the municipality receives an aidable expenditures payment or 2) the average of the municipality's aidable expenditures in 1998, 1999, and 2000, adjusted for inflation and for the property value in the municipality.

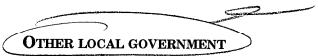
Under the bill, a municipality in a growth-sharing region may also receive a growth-sharing region payment. DOR must define "growth-sharing region" by rule and in such way so that the state consists of at least but not more than 25 growth-sharing regions. A municipality will receive a growth-sharing region payment if the municipality limits the annual increase in its municipal budget to the allowable increase, based on the inflation rate and the property value in the municipality, to qualify for the expenditure restraint program under current law and if the municipality enters into an area cooperation compact (compact).

Beginning in 2002 and ending in 2005, to receive a payment, a municipality must enter into a compact with at least two municipalities or counties, or with any combination of at least two such entities, to perform at least two specified functions. Beginning in 2006, to receive a payment, a municipality must enter into a compact with at least four municipalities or counties, or with any combination of at least four such entities, to provide law enforcement and to perform at least five other specified functions. The specified functions are housing, emergency services, fire protection, solid waste collection and disposal, recycling, public health, animal control, transportation, mass transit, land use planning, boundary agreements, libraries, parks and recreation, culture, purchasing, and electronic government.

A compact must provide a plan for any municipalities or counties that enter into the compact to collaborate to provide the specified functions. Annually, the municipality that is to receive a payment must certify to DOR that the municipality has complied with all of the compact requirements.

The total amount of the growth-sharing region payments allocated to all growth-sharing regions is an amount equal to the sales and use taxes collected in the state in a year multiplied by .05 man each growth-sharing region is allocated an amount that is proportional to the sales and use taxes that are collected in the region. A municipality that is eligible to receive a growth-sharing payment receives an amount, from the amount allocated to the growth-sharing region in which the municipality is located, in proportion to its population within the growth-sharing region.

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Under current law, a municipality wilking for town is authorized to impose a special charge against real property for current services rendered by allocating all or part of the cost of the service to the property served and a municipality may also impose a special charge against real property in an adjacent municipality for current services rendered by the municipality imposing the special charge, if the municipality in which the property is located approves the imposition. A "service" under current law includes snow and ice removal, repair of sidewalks or curb and gutter, garbage and refuse disposal, and other similar services that are not specified to the definition. If not paid on time, a delinquent special charge becomes a lien on the property against which it is imposed.

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A recent court of appeals decision, *Town of Janesville v. Rock County*, 153 Wis. 2d 538, 546–547 (1989), interpreted current law to mean that special charges may be imposed "only for services which are actually performed" and that the statute limits a municipality to "charging only for services actually provided and not for services that may be available but not utilized."

Under this bill, special charges may be imposed for services that are available, without regard to whether the services are actually rendered, and may be allocated to the property that is served or that is eligible to be served. This change also applies to special charges imposed against real property in an adjacent municipality, under the same terms and conditions that exist under current law.

*** ANALYSIS FROM -1341/4 ***

(PRIME)

Under current law, the environmental remediation tax incremental financing program permits a city, village, town, or county (political subdivision) to defray the costs of remediating contaminated property that is owned by the political subdivision. The mechanism for financing costs that are eligible for remediation is very similar to the mechanism under the tax incremental financing program. If the remediated property is transferred to another person and is then subject to property taxation, environmental remediation tax incremental financing may be used to allocate some of the property taxes that are levied on the property to the political subdivision to pay for the costs of remediation.

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This bill makes technical changes to the environmental remediation tax incremental financing program. These changes include definitional changes; creating procedures for the termination of an environmental remediation tax incremental district (ERTID); requiring that the final report under the program

include an independent certified financial audit; requiring that DOR be provided with a final accounting of the ERTID's project expenditures and the final amount of eligible costs that have been paid for an ERTID; and modifying certain provisions of the program to apply to contiguous parcels of property or land, as well as a parcel of property or land.

*** ANALYSIS FROM -1922/1 ***

Under current law, a municipality (a city, village, or town) may sell or lease any public utility plant that it owns only by completing a number of steps that must be performed according to a specified time table, including enacting an ordinance or resolution that summarizes the proposed terms of a sale or lease and that authorizes the negotiation of a preliminary agreement with a prospective purchaser and submitting the proposed transaction to the electors of the municipality for a eliminates referendum.

This bill repeals all of the steps that must be completed Worder the municipality may sell or lease any public utility plant it owns in any manner that it

considers appropriate.

*** ANALYSIS FROM -1923/1 ***

Under current law, a register of deeds is authorized to charge a fee to provide copies of documents that are recorded in his or her office and he or she is falso suthorized to charge a fee to-certify the copies. Currently, the copying fees are \$2 for the first page of a document and \$1 for each additional page, plus 25 cents to certify the copy of the document. None of these fees apply to DOR, however.

This bill increases the certification fee to \$1.

ANALYSIS FROM -1940/3 ***

This bill requires DER and WERC, and DETF if it elects to participate, to organize committees to study and make recommendations on a variety of issues affecting local government compensation and fringe benefits costs. A report of the recommendations must be submitted to the governor, the secretary of administration, and to the legislature no later than January 1, 2003.

ANALYSIS FROM -0618/3 *** STATE GOVERNMENT

DISTRICT ATTORNEYS

Under current law, the state is responsible for funding certain operational expenses of district attorney offices. Among other things, the state must reimburse Milwaukee County for the costs of clerks who work in the Milwaukee County district

attorney's office and who assist in the handling of cases involving the unlawful possession or use of firearms. The amount of reimbursement is capped at a specified amount for each fiscal year of the 1999–2001 fiscal biennium.

This bill limits the reimbursement amount to the amount of money in the appropriation from which the reimbursement is made. The bill also deletes an obsolete reference in the same appropriation to the purchase of computers to be used by prosecutors and clerks in the Milwaukee County district attorney's office on cases involving the unlawful possession or use of firearms.

LOCAL GOVERNMENT

Under current law, the Milwaukee board of police and fire commissioners is required to conduct a city-wide-communications media campaign to educate the public about the legal consequences of unlawful-possession and use of firearms, with the goal of deterring both. Current law also requires the state-to provide money to the board for that media campaign. This bill eliminates the media campaign requirement and the reimbursement for it.

*** ANALYSIS FROM -1025/3 *** NATURAL RESOURCES

WILD ANIMALS AND PLANTS

This bill authorizes DNR to issue elk hunting licenses to residents and nonresidents and to otherwise regulate the hunting of elk in this state. The bill allows DNR to make available only to state residents up to 99% of all the elk hunting licenses available in each year. The bill authorizes DNR to select at random who will be issued these licenses if the number of applicants exceeds the number of licenses available. A person must have completed an elk hunter education course in this state or another state or province to be eligible for a license. The bill requires DNR to establish an elk hunter education course.

A person may be issued a license only once in his or her lifetime, and the license may be used in only one elk hunting season. The license authorizes the hunting of elk with bows and arrows as well as with firearms unless the licensee is eligible for a crossbow permit under current law due to physical disabilities.

The bill specifically bans the keeping of elk on game farms, on deer farms, and in wildlife exhibits.

The bill authorizes DNR to establish a program that protects aquatic plants that are native to this state and that regulates the introduction, cultivation, and

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control (management) of aquatic plants. The bill defines controlling aquatic plants to mean cutting, removing, destroying, or suppressing aquatic plants.

Under current law, the only specific authority DNR has regarding aquatic plant management is the authority to develop a statewide program to control purple loosestrife. Under the new program, the types of aquatic plants that will be regulated include Eurasian water milfoil, curly leaf pondweed, and purple loosestrife. Under this program, with certain exceptions, DNR is required to issue aquatic plant management permits and the promulgate rules to regulate the conditions under which aquatic plants may be managed. The bill prohibits any person from cultivating or introducing aquatic plants that are not native to this state, from manually removing any type of aquatic plant from navigable waters, and from controlling any type of aquatic plants by the use of chemicals, without such a permit. The bill repeals the current law that makes the cutting of weeds in navigable water a nuisance is such weeds are not removed. District attorneys, DNR, and private individuals may file suit to have a nuisance removed from navigable bodies of water.

*** ANALYSIS FROM -0325/2 ***

Under current law, DNR issues various hunting, trapping, and fishing licenses and permits. Those licenses and permits must contain certain information including the name and address of the holder. The agent that issues the licenses and permits must also sign them. Current law also specifies that DNR may require any stamp that it issues to bear the signature of the holder of the stamp. This bill eliminates the requirement that hunting, trapping, and fishing licenses and permits be signed by the issuing agent and that stamps bear the signature of the holder.

Under current law, one type of license issued by DNR is a nonresident sports license that confers upon a nonresident the privileges of a small game hunting license, a fishing license, and a deer hunting license. This bill reduces the fee for a nonresident sports license from \$248.25 to \$238.25.

*** ANALYSIS FROM -1046/7 ***

Under current law, DNR administers a program under which counties receive reimbursement for accepting deer carcasses, having them processed into venison, and then donating the venison to charitable organizations. To participate, a county must participate in the administration of the wildlife damage abatement and claim programs. The program is funded from the wildlife damage surcharge that DNR collects with certain hunting license fees. Current law requires that, from the

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wildlife surcharge moneys, DNR make the payments under the venison processing program after it has made the payments required under the wildlife damage abatement and claim programs.

This bill provides funding for the venison processing program by establishing a voluntary contribution of at least \$1 that a person may pay when being issued a hunting license. Under the bill, DNR makes payments under the venison processing program from these contributed moneys. If the contributed moneys are not adequate, DNR will also use wildlife damage surcharge moneys for payments for processing venison from deer killed in special seasons established to control the deer population.

The bill authorizes DNR to establish a master hunter education program to provide instruction on topics such as wildlife damage issues and the responsibilities of hunters to landowners. Completion of this program is not a requirement for the issuance of any hunting license or permit.

The bill appropriates money received by the state pursuant to Indian gaming compacts to DNR for the management of the state's deer population.

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*** ANALYSIS FROM -1544/2 ***

Under current law, certain natural bodies of water may be used as fish farms or as parts of fish farms. The body of water has to be a freeze—out pond or a body of water that was licensed as a fish farm under prior law, want the fish farm operator must have a permit issued by DNR to operate the farm. A freeze—out pond is defined under current law to be a self—contained, natural body of water that does not naturally sustain a fish population at least twice in every five years.

This bill specifies when a fish farm operator may use water from a natural body of water that is not part of a fish farm. The water must be transferred directly to the fish farm and back to the same body of water after use and the transfer must be done by ditches or certain types of equipment. The ditches and equipment must have barriers that prevent the passage of fish.

*** ANALYSIS FROM -1335/7 ***

NAVIGABLE WATERS /

Under current law, the Fox River management commission (river commission), is authorized to enter into agreements with the federal government to operate and manage the Fox River navigational system which includes locks, harbors, and other facilities related to navigation that are on or near the Fox River. Under current law, a second commission, the Fox-Winnehago regional management commission

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(Fox-Winnebago commission), will replace the river commission when the state receives federal funding for the restoration and repair of the navigational system.

Under current law, the duties and powers of these two commissions are similar. However, these two commissions differ in that the river commission is a state agency attached to DNR and the Fox-Winnebago commission is a regional commission with ten of its thirteen members representing the five counties in which the navigational system is located and the remaining three members being appointed by the governor.

This bill replaces both of these commissions with the Fox River Navigational System Authority (authority). An authority with a board of directors that is established by state law but that is not a state agency. The board of directors of the authority consists of six members appointed by the governor and the secretary of natural resources, the secretary of transportation, and the director of the state historical society, or their designees.

The bill requires the authority to take over the rehabilitation, repair, replacement, operation, and maintenance of the Box River navigational system after the transfer of the system from the federal government to the state. Once the system is transferred to the state, the state in turn will enter into a lease with the authority to transfer the system to the authority.

For the rehabilitation and repair of the system, the federal government will provide federal funding to the authority in amount that matches the amount of funding provided by the state to the authority. The state funding will come from the recreational boating aids program that DNR administers.

In order to receive the state funding, the authority must contract with one or more nonprofit corporations to provide marketing and fund-raising services. The funds raised by these corporations will provide the matching amounts for the state funding and will also be used for the rehabilitation and repair of the navigational system.

The bill requires DNR to set aside from the recreational boating aids program for the navigational system \$400,000 in each fiscal year for seven fiscal years and requires DNR to release the set—aside funding on an annual basis in amounts to match the amounts raised by the nonprofit corporations. The authority may not issue bonds to raise funding for the navigational system.

In addition to providing fund-raising services for the authority, the nonprofit corporations shall invest the funding received by the authority for the rehabilitation

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and repair of the navigational system. These nonprofit corporations must be based in one or more of the counties in which the navigational system is located.

This bill requires that the authority submit a management plan to DOA that addresses the costs and funding for the rehabilitation, repair, replacement, operation, and maintenance of the navigational system and describes how the authority will manage its funds to insure that there are sufficient funds available to abandon the navigational system if its operation is no longer feasible. If the operation of the system does become infeasible, the authority must submit a plan for its abandonment. Before abandoning the system, DOA and DNR must determine that the abandonment plan will preserve the public rights in the Fox River and will ensure safety.

Under current law, a person may not have a boat, a boat trailer, or boating equipment in the lower St. Croix River if the person has reason to believe that the boat, equipment, or trailer has zebra mussels attached. This bill creates a similar law under which a person may not place these items in any navigable water if the person has reason to believe that there is any type of aquatic plant other than wild rice attached to the boat, trailer, or equipment.

*** ANALYSIS FROM -0353/3 ***

Under current law, DNR administers two grant programs to address water quality problems specifically in lakes. Under the first program, DNR provides grants for planning projects to provide adjustion information on the use of lakes and their ecosystems and on the quality of water in lakes. These grants are for 75% of the project's costs up to \$10,000 per project. Under the second program, DNR provides grants for management projects that will improve or protect the quality of water in lakes or in their ecosystems. Nonprofit conservation organizations, most units of local government, and lake associations that meet certain requirements (qualified lake associations) are eligible for grants under these programs.

This bill makes the following changes to the lake planning grant program:

- 1. It increases the \$10,000 cap per project to \$25,000 for certain lake associations that qualify as "premier" lake associations. To be a premier lake association, the lake association must meet all of the requirements of a qualified lake association and must meet certain additional requirements.
 - 2. It allows certain school districts to be eligible for a planning grant.
- 3. It changes the annual membership fee requirements for lake associations that are eligible for these grants.

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4. It expands the types of activities that are eligible for a planning grant.

Under the second program, current law allows a grant recipient to use the grant to restore a wetland if the restoration will improve a lake's water quality or ecosystem. The bill expands this provision to allow a grant recipient to use the grant to restore shoreline habitat. The bill also requires that DNR give higher priority to premier lake associations in awarding grants under this second program.

*** ANALYSIS FROM -0293/1 ***

Under current law, DNR, with approval from the Wisconsin waterways commission, administers a financial assistance program for expenses relating to construction and maintenance of recreational boating facilities, locks, or other facilities that provide access between waterways. Among the projects that qualify for funds under the program is a project for the dredging of a channel in a waterway to the degree that is necessary to accommodate recreational watercraft, provided that the project is for an inland water. This bill eliminates the requirement that such a project must be for an inland water before it may qualify to receive recreational boating aid funding.

*** ANALYSIS FROM -1544/2 ***

Under current law, a person who wants to conduct an activity that would create, enlarge, or otherwise affect certain waterways must have a permit issued by DNR. Certain activities, including the agricultural use of land, are exempt from this permit requirement. This bill specifically includes aquaculture as an agricultural use for purposes of this exemption.

Under current law, a person who wants to divert water from a stream for agricultural use must have a permit issued by DNR. This bill specifically includes aquaculture as an agricultural use for purposes of this requirement.

*** ANALYSIS FROM -1541/3 ***

Under current law, DNR administers a dam safety program that is funded by state bonding and that provides matching grants to municipalities and public inland lake protection and rehabilitation districts for the purpose of conducting dam safety projects that DNR has determined necessary.

Under this bill, DNR must provide up to \$250,000 in funding from this program to the village of Cazenovia for the repair of a dam located in the village.

*** ANALYSIS FROM -1824/2 ***

RECREATION

This bill increases most annual vehicle admission fees that DNR collects for the entry of vehicles to state parks and other recreational areas under the jurisdiction of DNR. The bill also increases the daily vehicle admission fee for the entry of vehicles process, that have registration plates from another state.

*** ANALYSIS FROM -0507/3 ***

Under current law, DNR administers a registration program for snowmobiles. This bill requires that \$15 of each fee collected for a snowmobile trail use sticker be excelled to an appropriation to provide supplemental funding for the maintenance of snowmobile trails. A trail use sticker issued by DNR is required on all snowmobiles that are operated but not registered in this state. Supplemental funding is available for maintenance of trails if the actual cost of maintenance exceeds the amount determined under the trail aids formula which sets a maximum amount per mile of trail. The bill also increases the fee for a trail use sticker from \$1225 to \$1725. The bill also raises the general registration fee for snowmobiles manufacturers and Under current law, the registration fee for a snowmobile that is not an antique dealers.

Under current law, the registration fee for a snowmobile that is not an antique and that is not used exclusively on property owned by the snowmobile owner or his or her family is \$20. The bill raises the fee to \$30.

Under current law, the registration fee for a commercial snowmobile is \$60. The bill raises the fee to \$90.

Current law requires DNR, when it issues a commercial snowmobile registration certificate, to issue three reflectorized plates. This bill raises the fee for additional reflectorized plates from \$20 to \$30 per plate.

*** ANALYSIS FROM -2289/3 ***

Under current law, DNR may provide from the conservation fund enforcement aids to counties for the purpose of enforcing laws relating to snowmobiling. This bill creates a program revenue—service appropriation from the general fund that is funded by certain moneys received by the state pursuant to Indian gaming compacts. The bill permits DNR to also provide to counties these enforcement aids amounts from this program revenue—service appropriation.

*** ANALYSIS FROM -1622/2 ***

Under current law, DNR administers the registration system for all-terrain vehicles, boats, and snowmobiles. Current law authorizes DNR to appoint agents, who are not employed by DNR to issue all terrain vehicles ATV and snowmobile registration certificates and certificates of number and registration certificates for

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boats. Also under current law DNR may establish an expedited service for renewals of these registration documents, which may be provided by the agents or by DNR directly. Current law imposes issuing fees when the documents are issued by agents and authorizes an expedited service fee when the expedited service is provided by DNR or agents. Under current agents keep a portion of these fees.

This bill changes the expedited service system by authorizing the establishment of a noncomputerized procedure and a computerized procedure for issuing original and duplicate registration documents and for transferring and renewing these documents. Under either procedure, DNR or its agents issue adequate documentation so that the registrant is able to immediately operate the ATV, boat, or snowmobile in compliance with the applicable registration laws. Under both systems, DNR and the agents collect an expedited service fee of \$3 from the registrant. Agents using the noncomputerized system retain the entire fee while agents using the computerized system send \$1 of each \$3 fee to DNR. Under the bill, DNR may continue to provide a registration service that does not use any expedited service procedure and for which no expedited service or issuing fee is charged.

*** ANALYSIS FROM -1550/1 ***

Under current law, the department of tourism must each year make payments in lieu of taxes that would be levied on land in the Kickapoo valley reserve if it were taxable. The payments are made to the treasurer of each taxing district in which land in the reserve is located from general purpose revenue. The bill changes the source of the payments to the conservation fund.

*** ANALYSIS FROM -1938/2 ***

This bill requires DNR to submit to the governor, no later than July 1, 2002, a plan to accomplish the objective of connecting all state trails. The plan must require DNR to work cooperatively with other state agencies, political subdivisions, federal agencies, and nongovernmental organizations. The plan must also include an implementation schedule, a completion date, a description of the costs involved in accomplishing the plan's objective, and a description of how the costs will be funded.

*** ANALYSIS FROM -0313/2 ***

*** ANALYSIS FROM -0605/5 ***

✓ OTHER NATURAL RESOURCES

Under current law, drainage boards operate one or more drainage districts. DATCP assists drainage boards and oversees their activities. A city/village, or town municipality may assume jurisdiction to operate a drainage district from a

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drainage board in certain instances. However, once a drainage district is under municipal jurisdiction, it is subject to the drainage laws of that municipality and is exempt from state drainage law.

DNR regulates construction in navigable waters. Generally, DNR determines whether a body of water such as a stream is navigable. Current law, however, provides an exemption for a drainage district drain that is located in the Duck Creek Drainage District. Under the exemption, the drain is not considered navigable unless a U.S. geological survey map or other scientific evidence shows that the drain was a navigable stream before it became a drainage district drain. This bill extends this exemption to any other drainage district drain if the drain is used primarily for agricultural purposes.

Current law generally provides that a person wishing to deposit any material or to place any structure upon the bed of any navigable water must obtain a permit from DNR. Current law provides an exemption to this requirement for the Duck Creek Drainage District under which the drainage board for that district may place a structure or deposit in a drain if DATCP, after consulting with DNR, specifically approves the structure or deposit or if the structure or deposit is required by DATCP in order to conform the drain to specifications approved by DATCP in consultation with DNR. This bill extends this exemption to any other structure or deposit to be placed in a drainage district drain if the structure or deposit is used primarily for agricultural purposes.

Current law also provides that, with certain exceptions, a person wishing to remove material from the bed of a lake or stream must obtain a permit from DNR. Under one of the exemptions, the drainage board for the Duck Creek Drainage District may remove material from a drain that the board operates if the removal is required by DATCP in order to conform the drain to specifications imposed by DATCP in consultation with DNR. This bill extends this exemption to all other drainage district drains if the removal of the material is necessary primarily for agricultural purposes.

In addition to the current law requirements for obtaining permits to place a structure or deposit in navigable waters or to remove material from the bed of a lake or stream, current law requires that a drainage board obtain a separate permit from DNR to acquire and remove any dam or obstruction or to clean out, widen, deepen, or straighten any navigable stream. Under current law, only the Duck Creek